

EPA United States Environmental Protection Agency Washington, D.C. 20460 Water Compliance Inspection Report			
Section A: National Data System Coding (i.e. PCS)			
Transaction Code		NPDES	
1 N	2 5	3 D 0 0 2 5 4 5 3 11	4 1 1 0 8 1 5 17
		Remarks	
21		66	
Inspection Work Days		Facility Self-Monitoring Evaluation Rating	
67 4 0 69	70 3	BI N	QA N
		73	74
		75	80
Section B: Facility Data			
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Caldwell Housing Authority Farmway Village WWTP 22730 Farmway Rd Caldwell, ID 83605		Entry Time/Date	Permit Effective Date
		8/15/2011 9:15	11/2/1999
		Exit Time/Date	Permit Expiration Date
		8/15/2011 10:45	11/2/2004
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Numbers Cheri Hess, Financial Officer (V) 208-459-2232 x11, (F) 208-455-2816 Cecilia Flores/Pedro Melchor, Maintenance Staff Thomas Krasowski, IES (V) 208-888-3000		Other Facility Data (e.g., SIC, NAICS, and other descriptive information) Sanitary Services (4952)	
Name, Address of Responsible Official/Title/Phone and Fax Number Mike Dittenber, Executive Director Address same as above <div style="text-align: right;"> Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>			
(V) 208-459-2232 x13, (C) 208-899-1593, (F) 208-455-2816			
Section C: Areas Evaluated During Inspection (Check only those areas evaluated)			
<input checked="" type="checkbox"/> Permit <input checked="" type="checkbox"/> Records/Reports <input checked="" type="checkbox"/> Facility Site Review <input checked="" type="checkbox"/> Effluent/Receiving Waters <input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Self-Monitoring Program <input type="checkbox"/> Compliance Schedule <input type="checkbox"/> Laboratory <input checked="" type="checkbox"/> Operations & Maintenance <input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Pollution Prevention <input type="checkbox"/> Storm Water <input type="checkbox"/> Combined Sewer Overflow <input type="checkbox"/> Sanitary Sewer Overflow	<input type="checkbox"/> MS4
Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)			
SEV Codes	SEV Description		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 		
Name(s) and Signature(s) of Inspector(s)		Agency/Office/Phone and Fax Numbers	
Jennifer Wester <i>Jennifer Wester</i>		Idaho DEC/ Boise Regional Office/ 208-373-0151/ 208-373-0143 9/8/11	
Signature of Management QA Reviewer		Agency/Office/Phone and Fax Numbers	
<i>Ad Mounier, PE</i>		Date 9 Sept 2011	